Minutes: Meeting of December 13, 1999

Present:
Drs. Bruce Chernof, Kenneth Dorshkind, Thomas Drake, Ronald Edelstein, Dohn Glitz, Lewis Hamilton, Carol Hodgson, Earl Homsher, David Johnson (for Dr. Stemerman), Theodore Miller, Neil Parker, Stuart Slavin (Co-Chair), Margaret Stuber, Ronald Tompkins, John Tormey (Co-Chair), Richard Usatine and LuAnn Wilkerson, and John Tormey (Co-Chair), Richard Usatine and LuAnn Wilkerson, and Janice Contini.

Students: Michelle Janoff (MSIII) and Erik Waldman (MSIV)

Guests: Dr. Kim Crooks, Gezelle Miller, Charlotte Myers and Brian Zeglen.

Minutes

A motion was made and seconded to approve the minutes from the November meeting. The minutes were unanimously approved as submitted.

Announcements

Four planning teams for the Human Biology & Disease Phase have been formed. The groups will convene for the first time at a Kick-Off Meeting on January 24, 1999.

Dr. Glitz will be retiring from the University at the end of this month. Dr. Glitz has been a member of the Medical Education Committee since its inception in 1991 and of its precursor, the EPCC. He has been an eloquent spokesman for medical education and his presence will be greatly missed.

Plagiarism and Professionalism Issues

Following the discussion of these issues at the November 1999 MEC meeting, Dr. Tormey presented the committee members’ views to the FEC. The discussion and conclusions of the FEC were similar to those of the MEC. It was agreed that these issues should be carefully reviewed and addressed.

A small committee will be established to produce proposals on what modifications are appropriate. Dr. Parker said that students would review and recommend modifications to the Honor Code. It has been pointed that it is equally important for the faculty to abide by the Honor Code.

Dr. Wilkerson notified the committee of a newly added item on the AAMC Graduation Questionnaire, viz.: "I am confident that I have the appropriate knowledge and skills ... to appropriately interpret copyright and intellectual property rights with regard to materials that are obtained electronically." Thirty-five percent of students nationally disagreed with this statement, and 32% of UCLA students disagreed with the statement.

Clinical Performance Exam (CPX)
Graduation Questionnaire
All fourth year UCLA and Drew/UCLA medical students are required to take the CPX which consists of eight cases using standardized patients produced by a consortium of medical schools (Irvine, San Diego, Davis, Loma Linda, USC and UCLA). The student has 15 minutes to complete each case. The CPX tests a student’s ability to perform a focused workup rather than a thorough workup.

A letter from Drs. Parker and Wilkerson was sent to each student including the following information:

1. A score on each item (History, Physical Examination, Patient Perception, Information Sharing, Clinical Courtesy, Patient Satisfaction) and an Overall Total Score across all eight cases.
2. Their scores in relation to the mean score for all UCLA fourth year students.
3. An indication of whether remediation was required. Remediation is required for a score of two or more standard deviations below the average in any of the central items. Remediation might include reviewing/discussing videotapes of their performance, working with a preceptor, taking the physical examination elective rotation, etc.

The MEC decided last year that each student requiring remediation must meet with a faculty member. Twenty-nine students required some remediation; some for more than one item. Twelve students still have not met with their CPX preceptor to review their results; these meetings will be set up with the help of the Student Affairs Office.

Some deficiencies are due to the fact that the student has not completed all of the core clerkships prior to the CPX. This situation should be helped by the new curriculum requiring the completion of all clerkships in the third year.

The balance of the presentation was specific to the cases and included general conclusions based on aggregate student performance.

Discussion: Erik Waldman suggested that earlier clinical experience and training would improve the overall scores, and that there should be more structured time to learn how to do physical exams in the first year. Michelle Janoff, a third-year student stated that repetition was key in learning how to do a head-to-toe exam with confidence. She recommended beginning to learn physical exam skills in the second half of Doctoring 1.

Dr. Drake commented that the greatest value of this examination is to measure curricular changes. It was agreed to continue requiring this examination. It was also agreed to continue to require remediation for scores at two standard deviations or more below the mean.

Dr. Wilkerson re-introduced another source of data of interest to the MEC, which should be discussed in the future -- the AAMC Graduation Questionnaire. There is indication that there is more work to be done on subject areas that are inadequately addressed in the curriculum. The following topics are getting worse scores from students in terms of inadequate instruction time: nutrition, practice management, geriatrics, et al. Coverage of
geriatrics topics improved since last year, but questions such as what subjects in geriatrics
should be taught and where need to be answered. These should be considered as the
clerkships move forward in planning their curricula.

**Graduation Requirements and the Fourth Year Schedule**

At the last meeting, Dr. Parker was asked to decide upon the graduation date. His
decision is to leave it unchanged.

Dr. Slavin then proposed a sample schedule for the Class of 2002:

**Third Year**

- Clinical Principles, **starting June 26, 2000** (2 calendar weeks, 1.5 weeks of
  instruction)
- Block A (24 weeks)
- Winter Break (2 weeks)
- Block B, first half (12 weeks)
- Spring Break (2 weeks)
- Block B second half (12 weeks)

**Fourth Year**

- First College Didactic Block, **starting July 9, 2001** (2 calendar weeks)
  
  *Dr. Slavin proposed a few days of break at the beginning of the first week, leaving
  1.5 weeks of instruction*
- Elective time (22 weeks, e.g. up to five 4-week courses and one 2-week course)
- Winter Break (2 weeks)
- Elective time (10 weeks, e.g. up to two 4-week courses and one 2-week course)
- Second College Didactic Block (1 week, typically following Match Day)
- Elective time (8 weeks, e.g. up to two 4-week courses)
- Unscheduled time (2 weeks without courses, immediately prior to Graduation
  Day)
- Graduation Day, **May 31, 2002** (typically Friday preceding first Sunday of June)

**General Notes:** Dean's Letters cannot be released until November 1st. Under this proposal,
students will have 14 weeks to schedule electives prior to submitting residency
applications. Some accommodation will need to be made for students participating in
early match as applications are due by mid-August, and Match Day is in January.
Flexibility should be maintained for these students on an individual basis. The one-week
second didactic block would follow Match Day in mid-March.

**Weeks of instruction**

Clinical Fundamentals, 2 weeks (~1.5 weeks of instruction)
Core Clerkships, 48 weeks
College Didactics, 3 weeks (~2.5 weeks actual instruction, proposed)
Elective 30 weeks, (of which 6 can be non-clinical)
*Total 83 calendar weeks (~82 weeks of instruction)*

**Scheduled vacation time (including pre-graduation)**

3\(^{rd}\) year Vacation, 4 weeks (2-Winter break, 2-Spring Break)
4\(^{th}\) year Vacation, 4 weeks (2-Winter break, 2-prior to graduation)
*Total 8 calendar weeks*

**Discretionary time (for interviewing, vacation, additional academic work)**

*Total 10 calendar weeks*

**Changes compared to current schedule**

- Calendar weeks for 3\(^{rd}\) / 4\(^{th}\) years: increase of 7 weeks (5 added weeks for instruction, plus 2 added weeks discretionary time)
- Required clerkships: decrease of 3 weeks (Radiology and Ophthalmology will be incorporated into other clerkships.)
- Number of discretionary weeks: increased by 2 weeks

ICY and College Didactic Blocks will be sequential and would not overlap. The May 31\(^{st}\) Graduation date will allow enough time for students to move, if necessary, before starting residency.

A student commented that this schedule is very difficult for ones who are not sure of which field they are interested in; they will need more flexibility. There will be a scramble to schedule subinternship experiences immediately after the two-week didactic block; Departments will need to consider how they will accommodate the number of students.

There has been discussion of creating electives in two or three-week blocks. Several members felt that a two-week elective was too short, but that a three-week elective would be adequate and allow more flexibility. Dr. Slavin suggested surveying other schools to find existing data on three-week electives and how successful this has been in the schools that have implemented this system and to bring the information to the January MEC meeting. An informational meeting will be held with second year students on January 31\(^{st}\); clear information about how these issues will be handled will be important at this time.

Dr. Usatine commented that he was opposed to three-week rotations and suggested polling clinical departments to see if there is support elsewhere. Perhaps there could be options for either four- or three-week rotations. With this exception, he supported the proposed schedule.
A decision has not yet been reached about 300/400-level requirements and this still needs to be resolved. *De facto*, everyone ends up completing 300 and 400-level subinternship courses, but should it be required? It was agreed to revisit this issue at a later time.

Dr. Stuber noted that the two-week Spring Break falls in the middle of the eight-week blocks. In the first year of implementation, there will be third and fourth year students in this rotation. Fourth year students may choose to take a two-week elective during the Spring Break, but Psychiatry will not be taught during this time.

Dr. Tormey expressed concern about shortening the days in the College Didactic Blocks. As planned, the didactic blocks in the colleges have been assumed to have two full weeks. This will be an important time for building a sense of cohesion among college members, for planning the rest of their fourth year schedules and for developing mentoring relationships. He also suggested that both the students and the colleges might be better served if the two weeks of Spring Break were divided so that one immediately preceding the start of the Colleges.

Motion by Dr. Usatine:

*Accept the proposed schedule with the understanding that fourth year students will be polled to determine their preferred spring break pattern (one two-week spring break vs. two one-week breaks) and that there will be additional consideration of the length of the first College Didactic Block.*

Dr. Tompkins seconded the motion, and it was approved unanimously.

The meeting was adjourned at 7:10 pm.